Application Number 10/552,547 TRANSMITTAL Filing Date 7/20/2006 **FORM** First Named Inventor Martijn Schimmer Art Unit 4154 Jack K. Wang Examiner Name (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Attorney Docket Number 3135 - 053022

ENCLOSURES (check all that apply)										
Fee Transmittal Form	Drawing(s)	After Allowance communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
After Final	Petition to convert to a Provisional Application	Proprietary Information								
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter								
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):								
Express Abandonment Request	Request for Refund									
Information Disclosure Statement	CD, Number of CD(s)									
	Landscape Table on CD									
Certified Copy of Priority Document(s)	Remarks									
Reply to Missing Parts/ Incomplete Application	I									
Reply to Missing Parts										
Under 37 CFR 1.52 or 1.53	I									
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No23-0650										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name The Webb Law	Firm									
Signature										
Printed Name John W. McIlvaine										
Date May 28, 2008	Reg. No. 3	34219								
CERTIFICATE OF TRANSMISSION / MAILING										
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature Paulie J. Marz										
Typed or printed name Pauline J. M	Coyles	Date May 28, 2008								

Effective on 12/08/2004.				Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Appl	Application Number 10/552,5							
FEE TRANSMITTAL				Filing Date 7/20/200		······································					
For FY 2008				Named Inventor	Martijn S						
Applicant claims small entity status. See 37 CFR 1.27			Exan	niner Name	Jack K. V						
			Art U		4154						
TOTAL AMOUNT OF PAYMENT (\$) 250				Attor	Attorney Docket 3135 - 053022						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, S	EARCH, A	ND EXAMIN	ATION FEES	3							
	FILIN	FILING FEES SEARCH FEES EXAMINATION FE				TION FEES					
		Small Entity		all Entity				_			
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>		Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fees</u>	Paid (\$)			
Utility	310	75	510	255	210	105					
Design	210	105	100	50	130	65	M				
Plant	210	105	310	155	160	80		***************************************			
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0	0	0					
2. EXCESS CLAIM	FEES							Small Entity			
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>			
Each claim over 20 (inc	-	•					50	25			
Each independent clain		luding Reissue	es)				210	105			
Multiple dependent cla		×		(0)	T		370	185			
<u>Total Claims</u> - 2	20 or HP	Extra Clai	ims <u>Fee</u>	<u>(8)</u>	Fee Paid (\$)			Dependent Claims Fee Paid (\$)			
- = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.											
<u>Indep. Claims</u> <u>- 3</u>	or HP	Extra Clai		<u>(\$)</u>	Fee Paid (\$)		***************************************				
HP = highest number of	independent cl	aims paid for, if g	x x greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =											
	***************************************			(more num	 /		Foor Poid (f)			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): Petition for Extension of Time-\$120; Terminal Disclaimer-\$130 \$250								\$250			
OVER ACCUSED DAY											
SUBMITTED BY Registration No.											
Signature	Signature (Attorney/Agent) 34,219 Telephone 412-4						-471-8815				
Name (Print/Type)	Name (Print/Type) John W. McIlvaine						Date May 28, 2008				